PATENT APPLICATION

1 NO.: 1855.1017-000 (LKS95-10)



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS

OCT 05 2000

TECH CENTER 1800/2908

Applicants:

Paul D. Ponath, Douglas J. Ringler, S. Tarran Jones, Walter Newman

José Saldanha and Mary M. Bendig

Serial No.:

08/700,737

Group Art Unit:

1644

Filed:

August 15, 1996

Examiner:

P. Gambel

For:

HUMANIZED IMMUNOGLOBULIN REACTIVE WITH $\alpha 4\beta 7$ INTEGRIN

CERTIFICATE OF MAILING							
I hereby certify that this correspondence is being deposited with the							
United States Postal Service with sufficient postage as First Class Mail in							
an envelope addressed to Assistant Commissioner for Patents, Washington,							
D.C. 20231							
on 9.29.00 / Dan We 17th							
Date Signature							
Danielle D. Gath							
Typed or printed name of person signing certificate							

Assistant Commissioner for Patents

01 FC:119

300.00 DP

Box AF

Washington, D.C. 20231

10/04/2000 YPOLITE1 00000003 08700737

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02 FC:117

870.00 DP

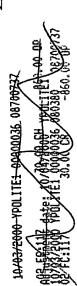
Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated April 4, 2000 of the Primary Examiner finally rejecting claims 1-9, 11-15, 18-20, 23, 24, 27 and 28. The item(s) checked below are appropriate:

[X] Applicant hereby petitions to extend the time for filing a Notice of Appeal in 1. response to the Office Action Made Final dated April 4, 2000 for three months from July 4, 2000 to October 4, 2000.

2.	[]	A [.	A [] month extension of time to respond to the Office Action Made Fin				
		dated [] was filed on [] with pa	yment of a \$[] fee.	
	[]	Applicant hereby petitions for an additional [] month exter	nsion of time		
		to respon	d to the Office Action Mad	le Final.			

An Oral Hearing before the Board of Appeals is respectfully requested. 3. []



4.	Fees a	es are submitted for the following:								
	[X]	Extension of Time for three months	\$.	870						
	[]	Additional Extension of Time:								
		Fee for Extension ([] mo.) \$								
		Less fee paid ([] mo.) - \$								
		Balance of fee due	\$.	-						
	[]	Oral Hearing	\$.							
	[X]	Notice of Appeal	\$.	300						
	[]	Other	\$							
		TOTAL	\$	1170						
5. The method of payment for the total fees is as follows:										
	[X] A check in the amount of \$1170.00 is enclosed.									
	[]	Please charge Deposit Account No. 08-0380 in the amount of \$[].								

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

Robert H. Underwood Registration No.: 45,170

Tel.: (781) 861-6240 Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799
Date: September 29, 2000